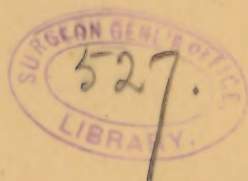


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A rare dermoid.





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## A RARE DERMOID.

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VISITING SURGEON TO THE U. S. A. HOSPITAL AND TO THE CHILDREN'S HOME.

THINKING that a cut and description of a very peculiar dermoid might prove a matter of interest to the readers of THE MEDICAL NEWS, I take pleasure in forwarding the same.

The peculiar feature of this tumor, as can be readily seen, is the very evident attempt on the part of a bit of sequestered skin to form a portion of a human being. The left side of a human face is clearly intended.

The sequestration-theory of dermoid-genesis is the one, I believe, now generally accepted by investigators. At east Sutton, in his late work, *Tumors: Innocent and Malignant*, published October, 1893, announces this view. Tillmann's *Surgical Pathology*, published 1894, also accepts the same view.

The following is a description of the tumor by Dr. William Fuller, of this city, who has given the growth careful study:

In this dermoid cyst, there is developed a well-marked eye, with a molar tooth in the situation of the cornea. The palpebræ are distinctly developed, with cilia on the margins. The outer canthus is united, while the inner is incomplete, the internal extremity of each lid terminating in a cartilaginous prominence. Behind the eye is a roundish, irregular bone (sphenoid?), having a foramen (optic?) in the center, from which springs the



apex of a fascia, conical in shape, the base expanding to receive the undeveloped globe of the eye. Above the eye are two triangular bones (frontal ?) with a cleft between them (frontal suture ?). These bones join together below in front and articulate with a bone (nasal ?) which extends downward for one-half an inch, and is continued



by a cartilage (nasal septum ?), from the side of which springs a well-marked ala, enclosing a nostril about one-quarter of an inch in depth.

Below the nostril is an upper lip, having a well-marked dermoid appearance above and abruptly bounded by mucous membrane below. A mat of blond hair, mixed with dermoid matter (sebum), springs out of a depres-

sion above the frontal bone, while the eyelashes are black.

A white cord runs obliquely outward and upward along the lower margin of the frontal bone (or vital ligament?) Beneath and parallel to it is a streak of muscular tissue (*levator palpebræ sup.*). The cheek has the appearance of skin, with a few velvet hairs near the upper lip.

The Fallopian tube and broad ligament formed the pedicle of the tumor, the major part of which is a cyst that contained a greenish limpid fluid, of a salty taste, and is lined by a serous membrane. The cyst-wall is composed of two membranes with intervening cellular tissue. The bloodvessels of the cyst are long and delicate, indicating its rapid growth. The weight of the tumor is three pounds.

The tumor here described was obtained from a patient of Dr. J. O. Edie, a woman twenty-two years of age, married, who had one child, two years old, and who was operated on at the U. B. A. Hospital, November 12, 1894. The cast was prepared by Dr. William Fuller.







